# FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORMO FEB 2 7 2004

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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ОМВ	APPROV	AL

hours per response ...... 16.00

OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden

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_	SEC USE ONLY	
Prefix	1 1	Serial
	DATE RECEIVED	

Name of Offering ([ ] check if this is an ame	endment and name has ch	anged, and indicat	e change.)		
Visual EDGE Technology, Inc. Common	Stock Purchase Warran	its			
Filing Under (Check box(es) that apply):	[] Rule 504	[ ] Rule 505	[X] Rule 506	[]Section 4(6)	[ ] ULOE
Type of Filing: [X] New Filing	[ ] Amendmen	t			
	A. BASIC	DENTIFICATION	ON DATA		ACTCCET
Enter the information requested about	the issuer				SKOC F99EI
Name of Issuer ([ ] check if this is an amen	dment and name has char	nged, and indicate	change.)	(1	MAR 02 2004
Visual EDGE Technology, Inc.				.,	. /
Address of Executive Offices	(Number and Street, Ci	ty, State, Zip Cod	e) Telephone Number	(Including Area Code	) THOMSON
3874 Highland Park NW, North Canton,	OH 44720		(330) 494-9694	-	FINANÇIAL
Address of Principal Business Operations	(Number and Street, Ci	ty, State, Zip Cod	e) Telephone Number	(Including Area Code	)
(if different from Executive Offices)					
Brief Description of Business					
Develops high performance controller sof	tware and hardware sol	utions for copyin	g and printing markets	•	
Type of Business Organization					
[X] corporation	[ ] limited partne	rship, already forn	ned	[ ] other (please spec	cify):
[ ] business trust	[ ] limited partne	rship, to be formed	l		
		Month	Year	·	
Actual or Estimated Date of Incorporation o	r Organization:	[01]	[1986]	[X] Actual	[ ] Estimated
Jurisdiction of Incorporation or Organization	n: (Enter two-le	etter U.S. Postal S	ervice abbreviation for S	tate:	
	CN for Cana	ada: FN for foreign	iurisdiction)		ICA)

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner [ ] General and/or Managing Partner	[ ] Executive Officer	[ ] Director
Full Name (Last name first, if indi			
Advanced Equities, Inc.		·	
	Sumber and Street, City, State, Zip Code)  1650, Chicago, IL 60606, Attn: James Depke		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[X] Director
Full Name (Last name first, if indi	vidual)		
Beyeler, Lester	,		
	lumber and Street, City, State, Zip Code)		
	nc., 3874 Highland Park NW, North Canton, OH 4	4720	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[X] Director
2000 200 (00) 200 1 Apply	[ ] General and/or Managing Partner	( )	[-5] - 1100001
Full Name (Last name first, if indi		<del></del>	
Fountain, Dr. Ronald	, round		
	lumber and Street, City, State, Zip Code)		
812 Huron Road, Suite 845, Cle			
Check Box(es) that Apply:	Promoter Beneficial Owner	[ ] Executive Officer	[X] Director
Check Box(es) that Apply.	[ ] General and/or Managing Partner	[ ] Executive Officer	[A] Director
Full Name (Last name first, if indi			
	(vidual)		
Fritz, Raymond M.	L. A 1 Communication of the Communication of t		
	Number and Street, City, State, Zip Code)		
2778 Boncheff Drive, San Jose,			GD D:
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[ ] Executive Officer	[X] Director
Full Name (Last name first, if indi	ividual)		
Jusseaume, Richard			
Business or Residence Address (N	lumber and Street, City, State, Zip Code)		
Presidents Office, Walsh Univer	sity, 2020 Easton Street NW, North Canton, OH 4	4720-3396	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[X] Director
	[ ] General and/or Managing Partner		
Full Name (Last name first, if ind			
Kramlich, C. Richard	,		
	Number and Street, City, State, Zip Code)		
	2490 Sand Hill Road, Menlo Park, CA 94025		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[X] Executive Officer	[ ] Director
Check Box(es) that Apply.	[ ] General and/or Managing Partner	[11] Excedite Officer	[ ] Director
Full Name (Last name first, if ind			
Miller, Daryl	(Vidual)		
	Jumber and Street City State Zin Code)		
	Number and Street, City, State, Zip Code)	14720	
C/o Visual EDGE Technology, I	nc., 3874 Highland Park NW, North Canton, OH 4	14/20	138
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director
	[ ] General and/or Managing Partner	<u></u>	
Full Name (Last name first, if ind			
New Enterprise Associates III, l			
	Number and Street, City, State, Zip Code)		
2490 Sand Hill Road, Menlo P.	ark, CA 94025, Attn: C. Richard Kramlich		
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director
	[ ] General and/or Managing Partner		
Full Name (Last name first, if ind			
New Enterprise Associates IV, I			
	Number and Street, City, State, Zip Code)		
,	ark, CA 94025, Attn: C. Richard Kramlich		

Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	
	[ ] General and/or	Managing Partner			
Full Name (Last name first, if in	dividual)				
Vanchieri, Austin					
Business or Residence Address	(Number and Street, C	ity, State, Zip Code)			
c/o Visual EDGE Technology,	Inc., 3874 Highland	Park NW, North Canton, OH 4	14720		
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	
	[ ] General and/or	Managing Partner			
Full Name (Last name first, if in	idividual)				
Zaphiropoulos, Renn					
Business or Residence Address	(Number and Street, C	ity, State, Zip Code)			
P.O. Box 1022, 12500 West Hi	ghway 56, Cedar City	y, UT 84720			
	(Use blank sl	heet, or copy and use additional copie	es of this sheet, as necessary.)		

					B. INI	FORMA'	FION AI	SOUT O	FFERIN	G					
1.	Has the issue	r sold, or o	loes the iss			non-accrec								Yes []	No [X]
2.	What is the n	ninimum i	nvestment	that will be	e accepted	from any	individual'	?						\$ <u>NC</u>	NE
3.	Does the offe	ering perm	it joint ow	nership of	a single un	uit?								Yes [X]	No []
4.	Enter the inforcemuneration agent of a brobe listed are	n for solici oker or de	tation of paler registe	urchasers i cred with th	n connecti ne SEC an	ion with sa d/or with a	les of secu state or st	urities in th ates, list th	e offering. ne name of	If a perso the broke	on to be lis r or dealer	ted is an as . If more th	ssociated   han five (		
Ful	l Name (Last n	ame first,	if individu	al)									<u> </u>		
Bus	siness or Reside	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)		<u> </u>						
Naı	me of Associate	ed Broker	or Dealer			····									
Sta	tes in Which Pe	erson Liste	ed Has Sol	icited or In	tends to Se	olicit Purch	nasers								
														Al Stat	es
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	l Name (Last n				12.21		<u></u>			<u> </u>		111.51	<u> </u>		<del></del> _
Bus	siness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)	<del></del>							
Na	me of Associat	ed Broker	or Dealer												
Sta	tes in Which Po	erson Liste	ed Has Sol	icited or In	tends to Se	olicit Purch	nasers								
	(Check	"All State	s" or check	c individua	l States)								[]A	ll Stat	es
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	l Name (Last n	ame first,	if individu	al)											
Bu	siness or Resid	ence Addr	ess (Numb	per and Stre	et, City, S	tate, Zip C	ode)								
Na	me of Associat	ed Broker	or Dealer												
Sta	tes in Which P	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purch	nasers				,		. <del></del>		
	(Check	"All State	s" or check	k individua	1 States)		••••••	•••••	•••••		••••••	••••••	[]A	ll Stat	es
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	-4	
				(Use blank	sheet, or	copy and u	se additior	nal copies o	of this shee	t, as neces	sary.)				

4 of 7

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	[] Common [] Preferred		· <del></del>
	Convertible Securities (including warrants – Common Stock Purchase Warrants)	\$	\$ 20.00(1)
	Partnership Interests	\$	\$
	Other (Convertible Promissory Notes)	\$	¢
	Total	\$ 20.00	\$ 20.00
		\$ 20.00	J
2.	Answer also in Appendix, Column 3, if filing Under ULOE  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$20.00
	Non-accredited Investors		\$
	Total (for filings Under Rule 504 Only)		\$
	Answer also in Appendix, Column 4 if filing under ULOE		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of	Dollar Amount
	D 1, 505	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate		\$
	Transfer Agent's Fees	[]	\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees	[]	\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify):		\$
	Total		\$0.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(1) The Common Stock Purchase Warrants are exercisable into an aggregate of 381,985 shares of Common Stock of Visual EDGE Technology, Inc. at an exercise price of \$0.20 per share.

	<ul> <li>b. Enter the difference between the aggregate offering price g</li> <li>– Question 1 and total expenses furnished in response to Par difference is the "adjusted gross proceeds to the issuer."</li> </ul>	t C - Question 4.a. This			\$	20.00
<b>5.</b>	Indicate below the amount of the adjusted gross proceed proposed to be used for each of the purposes shown. If the a not known, furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceed response to Part C – Question 4.b above.	mount for any purpose is of the estimate. The total				
			Payments to Directors, &	•	Pay	ments To Others
	Personnel	[]	\$	[]	\$	
	Product Development	[]	\$	[][	\$	
	Market Development	[]	\$	[]	\$	
	Regulatory Activities	[]	\$	[]	\$	
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets issuer pursuant to a merger)	of securities of another	\$	[]	\$	
	Repayment of indebtedness	[]	\$	[][	\$	
	Working capital	[]	\$	[][	\$	
	Other:	[]	\$	[X]	\$	20.00
	Column totals	[]	\$	[X]	\$	20.00
	Total payments listed (column totals added)		[X] \$	20.00		
	D. FI	EDERAL SIGNATURE				
onstitu	uer has duly caused this notice to be signed by the undersigned dutes an undertaking by the issuer to furnish to the U.S. Securities er to any non-accredited investor pursuant to paragraph (b)(2) of	and Exchange Commission,	s notice is filed un upon written requ	der Rule 505, est of its staff	the follow, the inform	ving signature mation furnished
	Print or Type) Visual EDGE Technology, Inc.	Signature	19 DX		Date <b>Febru</b> a	ary 26, 2004
	of Signer (Print or Type)	Title of Signer (Pri	int or Type)			
Name o		Title of Signer (Pri Secretary	int or Type)			

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)